

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049187

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 245

VS 300
Rev. 4/59

10975

20971

3

4 0

5 1

6

7 1

8 2

9 4221

10

11

12 1-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

FILED DEC 18 1962

1. PLACE OF DEATH

a. COUNTY

Saline

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Marshall

Length of stay in 1b

9 Hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Fitzgibbon Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Saline

c. CITY
OR TOWN Slater

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS 221 Elm Street

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Alvia

Middle

Oscar H

Last

Hallam

4. DATE
OF DEATH

Month

Day

Year

December 8, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

June 5, 1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Minister

10b. KIND OF BUSINESS OR INDUSTRY

Methodist Church

11. BIRTHPLACE (City and state or country)

White County, Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Hallam

13b. MOTHER'S MAIDEN NAME

Elizabeth Daniels

14. NAME OF HUSBAND OR WIFE

Lizzie Hallam

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No, or unknown)

No

16. SOCIAL SECURITY NO.

(If yes, give war or dates of service)

None

17. INFORMANT

Mrs. Lizzie Hallam

Address

Slater, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chr. myocarditis & Acute failure 24h

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Chr. Bronchitis

DUE TO (c)

Generalized arteriosclerosis 2 years

INTERVAL BETWEEN
ONSET AND DEATH

2 years

2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 17, 62 to Dec. 7, 1962 and last saw him alive on Dec. 7, 1962
Death occurred at 12:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C.A. McBurney, M.D.

22b. ADDRESS

Slater, Mo.

22c. DATE SIGNED

12-8-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

December 10, 1962 Sunset Memorial Gardens

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Fulton

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Haines Funeral Home

Slater, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 10 - '62

26. REGISTRAR'S SIGNATURE

Cecil L. Reed

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.